

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27883

9 AUG 28 1941

Primary Registration District No. 3007

Registrar's No. 322

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1615 Mill  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT  
FULL NAME

Harriett Milham

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 24 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 4 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Sam Mc Neely  
13. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant John Ross  
(b) Address Poplar Bluff Mo.

17. (a) Burial (b) Date thereof Aug. 15, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff Mo.

19. (a) 8-19-41 (b) Belle Kinne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1015 Mill St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 th  
year 1941 hour 4 minute A M M.

21. I hereby certify that I attended the deceased from July 14 to Aug 14  
that I last saw her alive on Aug 12 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Duration 8/14/41  
Due to Cardiac Decompensation 8/2/41  
Due to Gastric Carcinoma Jan 1941  
Other conditions Cachexia June 1941  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature L. L. Qualls (M. D. or other) MD  
Address Poplar Bluff, Mo. Date signed 8/18/41

SEP 15 1949

RECEIVED

District Health Office No.

District File Number 841-115

Date Filed 8-26-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Glover W. Green*

Licensed Embalmer No. 2964

P. O. Address *Poplar Bluff*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27883  
Registrar's No. 322

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Harriett Milliam

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_

(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_

(Date received local registrar) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ that I last saw him/her alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac decompensation Duration \_\_\_\_\_

Due to Cardiac Decompensation

Due to Gastric Carcinoma

Other conditions Cachexia

(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Stomach

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Primary Stomach

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(b) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Dr. H. H. H. (M. D. or other) \_\_\_\_\_

Address Poplar Bluff, Mo Date signed 8/14

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Poplar Bluff

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track income, expenses, and assets, ensuring that all data is up-to-date and easily accessible.

2. The second section focuses on the role of technology in modern record-keeping. It highlights how digital tools and software can streamline the process, reducing the risk of human error and improving efficiency. The author notes that while technology offers significant advantages, it also requires careful implementation and training to ensure that all staff are proficient in using the new systems.

3. The third part of the document addresses the legal and regulatory requirements surrounding record-keeping. It outlines the various laws and standards that organizations must adhere to, depending on their industry and jurisdiction. The text stresses the importance of staying informed about changes in regulations to avoid potential penalties and legal issues.

4. The fourth section discusses the importance of data security and privacy. It explains that records often contain sensitive information, and therefore, it is crucial to implement strong security measures to protect this data from unauthorized access, theft, or loss. The author recommends regular security audits and the use of encryption to safeguard the integrity of the records.

5. The final part of the document provides practical advice and best practices for implementing a successful record-keeping system. It suggests that organizations should start by assessing their current processes and identifying areas for improvement. The text encourages a proactive approach, where records are maintained consistently and accurately from the very beginning, rather than attempting to catch up later.